United States District Court

for the

Southern District of FLORISA

7. LANDER Wivision

FILED BY CD D.C.

JUL 01 2025

ANGELA E. NOBLE
CLERIK U.S. DIST. CT.
S. D. OF FLA. - FT. LAUD.

	Case No.	25-cv-61346-PAB
VICTOR DATTS		(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial: (c)	heck one) Dres No
WYNDHAM VALATION DUDNERSHID.) WYNDHAM LOORLD WIDE, WYNDHAM) PALM AIRE		
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A.

В.

The Plaintiff(s)	
Provide the information below foneeded.	or each plaintiff named in the complaint. Attach additional pages if
Name	SILTOR DATTS
Address	II N.E ZUN AVT. APT. 205 W
	POMP. BCH FL. 33062
County	City State Zip Code
Telephone Number	9 My 414-1539
E-Mail Address	VILLONTINE ZOIS & GMOIL LOM
The Defendant(s)	
individual, a government agency include the person's job or title (or each defendant named in the complaint, whether the defendant is an , an organization, or a corporation. For an individual defendant, if known) and check whether you are bringing this complaint against or official capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	GDDIE MODAT
Job or Title (if known)	GENTRAL MANAGER LGM)
Address	2601 PALM AIRE DRIVE MONT
	POND. Bell. F.L 33069 City State Zip Code
County	BROWALS
Telephone Number	- 1710W FD_3
E-Mail Address (if known)	EDDIE, MOONE @ WYN. LON
	Individual capacity Official capacity
Defendant No. 2	
Name	JEFFREY (TEFF")SAILLAK
Job or Title (if known)	ASSISTANT GENERAL MANAGEL
Address	2601 PALL AINE DIVE HOUTIL
ridaross	Pond. Bell. FL. 33069 City State Zip Code
County	Banus Abs
Telephone Number	VINUMPA
E-Mail Address (if known)	JEFFREY, SHULALOW WYN. LON
	Andividual capacity Official capacity

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non	-Prisoner
Defendant No. 3	

		Defendant No. 3	1
		Name	LINDA BRYAN 19
		Job or Title (if known)	REGIONAL HAMAGEADIRI
		Address	• -
			City State Zip Code
•		County Tolonhone Number	Browkes
		Telephone Number E-Mail Address <i>(if known)</i>	LINDA. BRIKAN (2) YYN. CON
		E man radioss (y mismy	
			Individual capacity Official capacity
		Defendant No. 4	
		Name	STEPHEN PEARIS
		Job or Title (if known)	HR MANAGEL
		Address	2601 PALM AIRE DILVIXE NONY
			POND. BCH, FL 33069
			City Slate Zip Code
		County Telephone Number	Brown
		E-Mail Address (if known)	STEPHEN. PERMISPLWYN, LON
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			Ladividual capacity Official capacity
I.	Basis	s for Jurisdiction	
	immı Fede	inities secured by the Constitution and	e or local officials for the "deprivation of any rights, privileges, or d [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 8 (1971)</i> , you may sue federal officials for the violation of certain
	A.	Are you bringing suit against (check	k all that apply):
		Federal officials (a Bivens cla	im)
		State or local officials (a § 19	83 claim)
-	B.		ng the "deprivation of any rights, privileges, or immunities secured by ." 42 U.S.C. § 1983. If you are suing under section 1983, what
			right(s) do you claim is/are being violated by state or local officials?
	C.	Plaintiffs suing under Rivers may	only recover for the violation of certain constitutional rights. If you
	.		itutional right(s) do you claim is/are being violated by federal

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

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IN POMPAND BCH, TLL L MOSTLY)

B. What date and approximate time did the events giving rise to your claim(s) occur?

BETWEEN FEBRUARY AND APPLIED DE 2022

BETWEEN AUGUST AND SEPTEMBER DE 2022

BETWEEN DOOSER AND JANUARY DE 2022 4 2023

AND UP THROUGH ANDUST DE 2024

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SEE ATTACHER

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

SET ATTACHED

ADDITION FILLY: AS A RESULT OF THE ACTIONS

AND WOUNDLACE EXVINDNMENT, I WENT OUT

DN FMLA - DIAGNOSED WITH PTSD AS A RESULT

DE HUMFARUS WORL-RELATED INCIDENTS. THE

DE HUMFARUS ENVIRONMENT BEING THE SIGNIFICAXEY

HOSTILE WORL ENVIRONMENT BEING THE SIGNIFICAXEY

PART - AS 4 NEDICAL PROFESSIONALS DIAGNOSED

AND DOCUMENTED

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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EMPLOYERS & DIS MANAGERS.

ADDITIONALLY, SEE ATTACHED

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	W1,2025		
	Signature of Plaintiff Printed Name of Plaintiff	Victor S. C.	Dalls OHTTS	
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
-	Address			
		City	State	Zip Code
	Telephone Number	254-419-75	34 -VS0	
	E-mail Address			